CONCORD POLICE DEPARTMENT – Chief Gary J. Gacek – gacekg@concordnc.gov
41 Cabarrus Avenue West
Concord, NC 28025
Front Desk - 704-920-5000
Office of Chief of Police – 704-920-5007



REQUEST FOR VIDEO RECORDINGS PURSUANT TO NCGS 132-1.4A

Reque	ester Name and Signature:		
Date	of Birth:	Home Phone:	
Home Address:		Cell Phone:	
Date,	Approximate Time, Location of recorded activity r	requested:	
Check t	type of request:		
	<u>DISCLOSURE</u> - Disclosure allows for the recor <u>Chief of Police</u> can decide on	rding to be viewed or listened to, by the person requesting disclosure. The disclosure.	
	RELEASE - Release of the recording in the cus order. Only a Superior Court Jude	stody of a law enforcement agency shall only be released pursuant to court ge can release a recording.	
The Ch	nief of Police may only disclose a recording to the	he following. Choose which applies:	
	A person whose image or voice is in the recording.		
	A personal representative of an adult person whose image or voice is in the recording, if the adult person has consented to the disclosure. Written consent must be included with request.		
	A personal representative of a minor or of an adult person under lawful guardianship whose image or voice is in the recording.		
	A personal representative of a deceased person whose image or voice is in the recording.		
	A personal representative of an adult person who is incapacitated and unable to provide consent to disclosure.		
the re		g, the law enforcement agency shall disclose only those portions of request. A person who receives disclosure pursuant to this subsection	
Below	describe request in detail (use back of page,	/additional paper if necessary):	

VR-1 Rev. 8/16

Received Date/Time/By:_____